Stroke services in N Ireland

What has happened since the 2008 N.Ireland Stroke Strategy
Background

2008  Stroke Strategy
2014  RQIA
2014  SSNAP Audit
2014  Hyperacute stroke care
2015  Thrombectomy for Stroke
Burden of stroke in Northern Ireland

- 1000 deaths per year in NI
- 2700 hospital admissions
- 5400 ambulance calls
- 55000 bed days per year
- 35000 stroke survivors
- Significant long term care needs
2014 RQIA review of Implementation of the N Ireland Stroke Strategy

• Identified the need for service improvement in the areas of
  • Telemedicine and thrombolysis
  • Cross trust collaboration
  • Post stroke spasticity
  • Regional and local radiology guidelines
• Stroke units as the ward of first admission problematic
• Need for Individualised care plans to include risk factor & lifestyle management plus rehabilitation
golas
• Need for a regional approach to patient and carers information
Since 2014

- A Northern Ireland Stroke Network has been established with a regional co-ordinator and service improvement leads in Trusts, funded from Transforming Your Care.
- The network has established a number of subgroups on
  - Acute interventions
  - Data Subgroup
  - TIA subgroup
  - User/Carer forum
- All Trusts contribute to SSNAP audit
- A draft regional information pathway has been developed
- Investment (actual and planned) in community services including clinical psychology
- A blueprint for further stroke modernisation is being finalised for consideration by DHSS&PS
Challenges Ahead

- Implementing the evidence base and taking account of:
  - Where and how many HASUs should there be in N Ireland?
  - Accessibility, ensuring all of N Ireland has access to high quality services
  - Workforce issues, 7 day working, sustainable rotas
  - Moving to a 24/7 thrombectomy service (currently 9 to 5 weekdays but already doing 53 thrombectomies per year) Logistics of this
  - Optimising the role of telemedicine
  - Avoiding delays in thrombolysis/transfer for thrombectomy
  - Timely repatriation from tertiary centre
  - TIA assessment with aggressive secondary prevention, detection and treatment of AF and the management of critical carotid stenosis
  - Prevention in an ageing population with more multimorbidity & polypharmacy
Opportunities

• Consider the success of centralisation of PPCI to a 2 centre model and the impact that has had

Stroke services need to develop so that
• HASU care for all and a 24/7 thrombectomy service
• Community stroke services develop “at scale”
• Cross Trust collaboration eg cross Trust consultant rotas for stroke &7 day working
Opportunities

• The N Ireland Stroke network and full participation in national audits
• Horizon 2020; the 2015 successful bid for a technology procurement project to support stroke care following hospital discharge (3.65 million Euros)
• Responding to Ageing population
  • effective preventive strategies at a population and individual level (risk factor management, AF and TIA) do not translate into an inevitable increase in Numbers of strokes
  • Stroke patients more likely to suffer from multimorbidity and polypharmacy